PURDUE UNIVERSITY
AUG 31 1942
LIBRARY

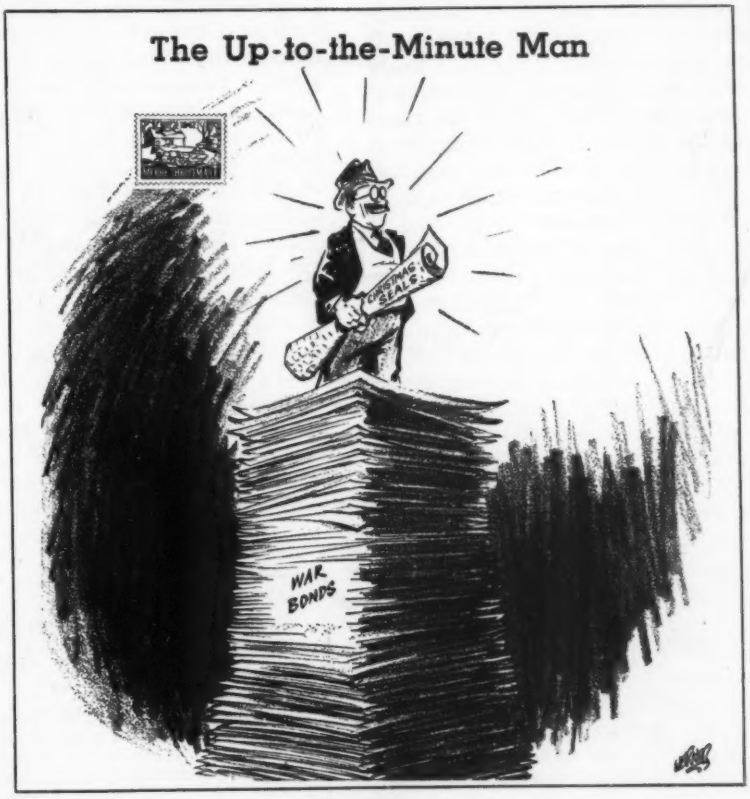
Bulletin

OF THE NATIONAL TUBERCULOSIS ASSOCIATION

September 1942

Volume 28 Number 9

The Up-to-the-Minute Man



ACROSS THE *Editor's Desk*

Danger of Rise in Tuberculosis

The National Tuberculosis Association has just issued provisional figures indicating that the 1941 death rate from tuberculosis in the United States is the lowest on record. According to data assembled from state health department reports, 44 persons died of tuberculosis for every 100,000 of the population, compared with 46 in 1940. This preliminary death rate for 1941, which is subject to minor revision, carries on an almost continuous decline for the past 20 years, though in recent years the decrease has been slight.

If this country undergoes an experience comparable to that in England and other warring countries, it is quite probable that the second and third years of our participation in the war may see this downward trend reversed. In fact, we may find a few years hence that the death rate from tuberculosis has definitely increased.

Various theories have been offered to explain the increased morbidity and mortality from this disease abroad. Among them are:

Decreased resistance due to longer hours of work, strain, anxiety, inadequate diet, broken rest, and overcrowded homes; shortage of medical and nursing personnel and closing of sanatoria; discontinuance of some industrial health programs; unwise use of leisure time; consumption of unpasteurized milk by city residents after migration to rural areas; and finally, the complete lack in certain sections of ordinary cleansing materials, such as soap.

There is every reason to believe that, as the war goes on, these factors will operate in this country as they did in the first World War and as they have already done in those countries now completing their third year of the conflict.

What is being done in this country to prevent this probable increase in tuberculosis? A concentrated effort has been made to eliminate from the country's armed forces those men who have active tuberculosis, as well as border-line cases with chest conditions which call for more or less prolonged observation. Even those with healed lesions are being deferred to a large extent.

Thorough physical examinations (including X-ray) have been given to millions of young men who have been called by the Selective Service or who have offered to enlist. These examinations eventually will prove one factor leading to a lower mortality from this disease.

For one thing these young men are diagnosed usually while the disease is in an early stage and when, with proper treatment, recovery may be confidently expected. Moreover, such examinations have the added advantage of reducing to a minimum the spread of infection in the army camps and in the ships of the Navy. Then, too, immediate relatives of those boys rejected for chest conditions are examined, wherever possible, in the hope of locating the original source of infection.

Whether the elimination of the risk of tuberculosis among so many young men will offset the tendency toward an increase in the disease among those industrial workers not accorded similar medical facilities is a matter of conjecture. If, however, as we are told, 4,000,000 young American men are now in the armed forces, we may assume that from 30,000 to 50,000 have been rejected or deferred because of tuberculosis or suspicious chest conditions.

Now that the Women's Army Auxiliary Corps has been organized and young women are enlisting each day, it is planned that the privates in this women's army are to be given just as thorough chest examinations as their brothers in the various branches of the service. In some respects it is even more important that these young women be carefully examined and X-rayed since more women die of tuberculosis between the ages of 15 and 35 than at any other age period, though deaths from this disease are like-

• • • • *Turn to page 141*

Bulletin OF THE NATIONAL TUBERCULOSIS ASSOCIATION

•

Published monthly at 1790 Broadway, New York, N. Y., by the National Tuberculosis Association for those interested in public health and the administrative aspects of tuberculosis, and made possible through the annual sale of Christmas Seals.

DANIEL C. MCCARTHY, *Editor*
ELLEN LOVELL, *Assistant Editor*

•

Entered as second-class matter, January 10, 1939, at the Post Office at New York, N. Y., under the Act of August 24, 1912.

War Challenges TB Control

Effective Program Calls for Case-finding in Industry, Treatment and Rehabilitation of Rejectees — Important Contribution of Voluntary Agency Is Public Health Education

By HERMAN E. HILLEBOE, M.D.

FOR the first time in this generation, the forces fighting tuberculosis in the United States appear to be in danger of a setback. It seems likely that the battle, which has been attended by steady success for the last 25 years, may now take an unfavorable turn. The most hopeful observers look for a leveling off in the tuberculosis mortality rate—a sort of stalemate between the opposing forces. Others fear that the hitherto declining mortality curve is about to rise.

The reason for this gloomy outlook, of course, is the war. The intimate relationship between war and disease is manifested with particular emphasis in the case of tuberculosis. The last world conflict sent tuberculosis rates skyward in the nations of Europe and brought an increase in tuberculosis deaths in this country. Today alarming increases are again being noted throughout Europe, and no one can tell how extensive the grim toll will be.

Although there has been no apparent increase in the amount of tuberculosis in this country, the objective circumstances favoring such an increase are much in evidence. Unless prompt and effective counter-measures are taken, these influences will certainly be reflected in the statistical tables which are the communiqués from the tuberculosis front.

Three Factors

Notable among the factors aggravating the situation are:

(1)—Large concentrations of industrial workers and their families, many of them in communities without proper housing, sanitation, public health, or medical facilities.

(2)—The fatigue resulting from the increased hours and tempo of work demanded to keep the war machine going.

(3)—The employment in industry of thousands of women and others unaccustomed to heavy work, including many with minimal or inactive tuberculosis who will break down or become reactivated under the strain of the job.

Even if America is fortunate enough to escape the devastation and disease which would result from the clash of armies upon its soil, these wartime circumstances and conditions are sure to exact a toll in ill health and physical disability.

Tuberculosis Interferes

Yet, America cannot afford ill health or disability. Today, when every last ounce of energy is needed to defeat an enemy who is strong, determined and ruthless, avoidable illness becomes a threat to our very existence as a nation. Our destiny is intimately bound up with the outcome of battles now raging on the steppes of the Don Valley, in the Egyptian desert, and in the heart of China.

Victory in these crucial battles can be measured in terms of man-hours of work at the blast furnaces in Pittsburgh, the assembly lines in Detroit, and the small-arms plants in Bridgeport. Nothing must be permitted to interfere with conservation and full utilization of manpower.

Tuberculosis, however, does interfere. Those it generally strikes down are the very ones who are most valuable as fighters and workers—men and women between the ages of 20 and 50. When protected from the disease these individuals are the human assets upon which the presumption of victory is based. When attacked by the disease they become liabilities who spread sickness to others and who require time and money and services which could otherwise be used for prosecution of war.

Faced with these two contradictory factors—the increased opportunity for the spread of tuberculosis and the necessity of conserving human resources—only one reasonable course can be taken. There must be a redoubling of effort to maintain and extend a balanced, effective tuberculosis control program.

Effective Program

A balanced program must be based on the following cardinal principles of public health practice:

1—Find tuberculosis early.

2—Provide isolation and treatment through sanatorium and medical care.

3—Promote after-care and rehabilitation.

4—Support research in new methods of control.

5—Employ every available means of public health education.

Application of any of these prin-

THE AUTHOR

Dr. Herman E. Hilleboe is Passed Assistant Surgeon-In-Charge, Office of Tuberculosis Control, States Relations Division, U. S. Public Health Service. He was born in North Dakota and received his M.D. degree at the University of Minnesota and a M.P.H. degree at Johns Hopkins. He has served as Assistant Professor in the University of Minnesota School of Preventive Medicine and Public Health, and as consultant in tuberculosis to numerous institutions and agencies.

ciples without the others means something short of success.

The medical corps of the armed services are carrying on a complete program of case-finding among recruits examined at induction centers. Since Jan. 1, 1942, provision has been made for chest X-ray examination of recruits, and no one with open or active tuberculosis is allowed to enter the ranks.

The treatment and rehabilitation of men rejected because of tuberculosis present a problem which has not been solved satisfactorily in many places. In March, 1942, satisfactory reporting procedure for such cases had not been developed in 21 of the 48 States. Neglect and delay in the provision of proper care for this important group is a serious flaw in the manpower program.

Education Needed

Cooperative plans for complete reporting are now being developed by the U. S. Public Health Service, the Selective Service System, the Army, Navy, and Coast Guard, and state health departments. Satisfactory plans are now in operation in several states, including Illinois, New Jersey, New Hampshire, and Ohio.

The next specific problem to be considered is the examination of all industrial employees. Public health education by official and voluntary agencies is needed to put this part of the program into effect on a wide scale. Whenever possible, industrial establishments should be persuaded to supply their own personnel and equipment, using any available method of X-ray examination.

If an industrial plant does not have the necessary facilities, it may appeal to the U. S. Public Health Service through the state health department. The Public Health Service now has available several portable 35 mm. fluorographic units with the necessary personnel to conduct examinations.

35 mm. Fluorographs

The small-film technique is especially adapted to the examination of large groups of persons, since from 300 to 500 X-ray pictures a day can be taken at a film cost of only about one cent per developed film. Thus, extremely economical screening of an entire plant force is possible.

X-ray diagnosis of all small films showing abnormal shadows or suspicion of tuberculosis may then be confirmed by retakes on the regular 14" x 17" film. With the 35 mm. film, a skilled interpreter can discover all advanced cases and all but a small percentage of minimal cases.

The Public Health Service now has in the field eight 35 mm. photo-fluorographic units, each accompanied by a medical officer, a technician, and a clerk. The units are being utilized for the examination of recruits to the U. S. Coast Guard, workers in war industry, and civilians in congested military and war-industry areas. In addition, state health departments are being encouraged and assisted in obtaining such units of their own, and indications are that there will be a considerable increase in this relatively new and very inexpensive method of case-finding.

Cooperation Necessary

In developing a program in any community, the cooperation of state and local medical societies, management and labor representatives, and voluntary agencies is solicited. Such cooperation is essential in order to insure success of the program and appropriate therapeutic action and after-care.

It is true that expansion of case-finding activities intensifies the problem of providing treatment. Many states do not have sufficient facilities to care for known patients. Yet, it is sound public health practice to identify as many existing cases of tuberculosis as possible, so that every effort may be made to prevent them from infecting others.

If the number of cases discovered becomes large enough, and if proper health education is carried out, the public will demand for its own protection more adequate facilities for care of the tuberculous. Moreover, even if sanatorium care is not available for all cases discovered, out-patient supervision can be maintained, which is far superior to no care at all.

In view of these considerations and the urgent necessity of protecting people of fighting and working ages from this insidious and debilitating disease, certain additional case-finding activities might well be undertaken on a large scale.

For example, small-film X-ray pictures might be made of the chests of all patients admitted to general hospitals. Such patients now include many unskilled war

• • • • *Turn to page 136*

Interpreting Miniature X-rays

Photo: U. S. P. H. S.

Member of staff of U. S. Public Health Service reading films in mass X-ray survey for tuberculosis.

Tuberculosis and Heart Disease

Similarities In Diagnosis, Management, Social Problems of TB and Rheumatic Heart — Advisability of Pooling Resources In Fighting the Two Diseases

By HOWARD F. WEST, M.D.

WHILE there is no question but that strict specialization of objective, study and attack will lead to best results, there are times like the present when we must consider seriously the elimination of all duplication of effort. We are challenged to supply, maintain and protect millions of vigorous young men in the armed forces and more millions for uninterrupted work in vital industries, as well as to preserve the health of the civilian background.

The accomplishment of the tuberculosis associations during the past three or four decades is the most shining example of what can be done by enthusiasm, organization and persistence in an attack upon a single foe. Toward the solution of the larger and more complicated problem, that of heart disease in its various forms, less progress has been made, though very effective work is being done by the American and other heart associations.

Public Health Problem

There are many reasons why heart disease has not been readily accepted as a public health problem. Heart disease is of various types and backgrounds. Without a common etiologic agent or a dominantly contagious nature, heart disease has appeared to many to be more of a personal problem than one closely related to public health activities which to date have been chiefly concerned with obvious infectious diseases.

Because such a large proportion of heart disease is seen in the older age groups accompanying the so-called degenerative processes, a fatalistic attitude has, no doubt, helped to obscure the fact that it really affords very important fields for measures of preventive medicine.

More Emphasis Needed

Although active work is in progress to provide more definite bases for preventive measures and public education, further organized and more intensive studies must be pursued in the causes of the degenerative diseases such as arteriosclerosis, high blood pressure, diabetes and other metabolic disorders to clarify further the relationships of heredity, infections of all types, food habits, nervous strains, various kinds of intoxications, personal habits and general hygiene to heart damage.

Syphilitic heart disease naturally relates to the general problem of venereal disease control with which we are all concerned. The implications are obvious.

Congenital heart disease on the whole involves the very young, though it may handicap the lives of adolescents and young adults. Like other conditions that distort the inner structures of the heart, congenital heart disease may be the basis for subsequent acute or subacute bacterial infection.

TB and Rheumatic Heart

Somewhat infrequently, but none the less importantly, the tubercle bacillus may invade the heart or more especially the pericardium, and it must not be forgotten that persons with various forms of heart disease may develop active tuberculosis.

While all types of heart disease present one or more of the problems familiar to tuberculosis workers, it is the important subdivision of rheumatic heart disease that furnishes the closest analogy. In a review of the details of this form of heart disease, the public health nurse and the social worker, as well as the doctor, will meet the same general type of problems: financial, social and psychological.

More Extensive Than TB

Rheumatic heart disease accounts for approximately 25 per cent of clinical heart disease in the United States. The total incidence may be greater than that of tuberculosis. In 1935 it was estimated that there were 840,000 cases in the United States. It accounts for 90 per cent of valvular heart disease under the age of 30 years and is the type of heart disease causing the largest number of rejections for life insurance and military service.

Nine hundred thousand rejections for physical reasons following selective service examination of the first 2,000,000 selectees were reported by Brig. Gen. Hershey in October, 1941. Numerically third on the list, following dental defects and defective eyes, were 96,000, or 10.6 per cent, because of cardio-vascular disease.

While a detailed analysis of this cardio-vascular group has not as yet been reported, it can be predicted that a large proportion will be attributed to rheumatic heart disease. On the other hand, defective lungs, including tuberculosis, accounted for only 2.9 per cent.

Rheumatic heart disease, like tuberculosis, results in maiming and

THE AUTHOR

Dr. Howard F. West, Los Angeles, Calif., is a member of the Board of Directors, American Heart Association; president, 1940-42, California Heart Association; clinical professor of medicine, University of Southern California. His article, published here, is the monthly contribution to THE BULLETIN of the Committee on Medical Section Information of the American Trudeau Society.

death during the period of greatest social and economic usefulness. Relatively few victims of rheumatic heart disease live beyond the age of 45 years.

Causative Agent Unknown

Rheumatic heart disease is the chief and really only serious manifestation of the infection known as rheumatic fever, so-named because in a fairly large percentage of cases there may be more or less severe, but on the whole transient, involvement of one or more joints.

It is an infectious disease. Though much research has been done, the causative agent has not been definitely identified, but certain types of the streptococcus and filterable viruses have been under most suspicion.

Its onset most frequently follows some streptococcus infection of the throat and upper respiratory tract or scarlet fever. There is considerable evidence that it is transmitted from person to person under suitable conditions through the medium of discharges from the upper respiratory tract.

"The incidence of multiple cases in families equals that of tuberculosis. Localized epidemics in schools, colleges, military organizations and hospitals have been reported. Waves of rheumatic activity in cardiac hospitals are not infrequent."

Difficult to Diagnose

Rheumatic fever may be quite easy or very difficult to diagnose. The fulminating cases with extensive joint manifestations and early and severe heart involvement are relatively easy to recognize. This type represents only a minority, however.

"The disease tends to be a smoldering low-grade infection, with periods of reactivation or recrudescence. These are characterized by slowly progressive heart involvement, indefinite joint, muscle, or 'growing pains,' choreic manifestations, loss of weight or failure to gain, pallor out of proportion to the moderate degree of secondary anemia, slight fever, rapid heart rate, nose bleeds, vomiting, abdominal distress at times severe enough to be mistaken for appendicitis, subcutaneous nodules and increased leukocyte count and red blood cell sedimentation rate."

Reactivation may follow colds, sore throats and other intercurrent infections, or may appear without any recognized precipitating factor. The symptoms of the original rheumatic infection may be so mild or so transient that in not more than 50 per cent to 75 per cent of cases of demonstrable rheumatic heart disease can the patient or his parents remember symptoms of either rheumatic fever or chorea.

Among the Poor

However, practically all valvular heart disease in persons under 30 years of age is due to this cause. The original infection occurs most commonly in childhood; the peak incidence falling between the ages of seven and ten years. While first attacks may seemingly occur in adults, a careful history often reveals evidence of a mild rheumatic infection in early youth.

Rheumatic fever is most common in the cooler regions of the temperate zones, diminishing in frequency toward the tropics. It is much more common among the poor than the well-to-do. It is more frequent in the cities than in the country. Poor housing, crowding, poor nutrition, dampness and poor hygiene in general appear to prepare the soil for the rheumatic seed.

Early Diagnosis

Even though the isolation of the causative organism and more effective procedures for immunization may be difficult and delayed, there is ample evidence that a general improvement in the standards of living alone would go far towards decreasing the fearful toll of damaged hearts in our younger generation. Rheumatic fever is not frequently seen in the private practice.

As with tuberculosis, early detec-

• • • • *Continued on page 140*

LOS ANGELES ASS'N STARTS HEART PROGRAM

Under the leadership of Dr. Howard W. Bosworth, president of the Los Angeles Tuberculosis & Health Association, that organization has undertaken a program of education and study to the end that adequate community facilities may be provided for the prevention of diseases of the heart in Los Angeles.

The new service will be a department of the Los Angeles Tuberculosis & Health Association. Members of the Los Angeles Heart Association will act as the advisory committee to this department. Majorie Edwards, executive secretary of the California Heart Association, will direct the division's program during the coming year.

Emphasis will be placed on establishing an effective health education program on heart disease prevention in cooperation with the Tenth District of the California Congress of Parents and Teachers, on providing health education aids in cooperation with the city schools, on standardizing heart clinics and promoting convalescent care for heart patients.

●

LIST ON MICROFILM

The 1941 list of Christmas Seal contributors (c 2's) of the Jefferson County (Ala.) Anti-tuberculosis Association has been put on microfilm, "as a safeguard against a possible civilian defense emergency, as well as a desirable protection against more normal hazards such as fire," according to word received from K. W. Grimley, executive secretary of the Alabama Tuberculosis Association.

By borrowing a bank's equipment the association transferred the entire list of c 2's onto microfilm at a cost of less than one-tenth of a cent per card. Labor costs were negligible as the equipment is semi-automatic and photographed the cards at a rate of 6,000 per hour.

War Industries Bring Problems

Small Cities Particularly Feel Strain On Community Resources — La Porte, Ind., War Plant Shows How It Cooperates With Tuberculosis Association

By L. J. WITKOWSKI, M.D. and C. N. FISCHER, M.D.

THE production of war materials has resulted in an unprecedented concentration of workers in the vicinity of war plants. If this accumulation occurs in or about a large city, the dangers of the increase are not too apparent.

When a war industry is located in a small town, however, isolated from any large municipality, the effect is more striking. A population increase of two or three times that of normal is occurring in many of our mid-western towns. In these cases the existing health organizations, because of limited budgets, cannot hope to expand their facilities to meet the emergency conditions. Local tuberculosis associations and the public health services cannot give their usual surveillance to tuberculosis.

X-Ray Is Practical

The increase in population results in improper housing facilities and once again the trailer camp has sprung into popularity, to the distress and worry of all health organizations.

It is apparent that now the time has come for complete cooperation between the medical department of war industries, the civilian population of the locality and the local health organizations. The industrial medical departments can no longer feel that their sole responsibility is the health of the employee during his 8-hour work day. The crowded living conditions imposed upon many employees call for an active and persistent war against the ever-waiting tuberculosis.

The use of routine chest X-rays in pre-employment examinations is, of course, the best method of discovering persons with tuberculosis. The old adage that TB should be seen and not heard is more true today than ever and we are agreed that routine chest plates are the most practical and available means of discovering the disease in its early stages. The need for early diagnosis of these cases is emphasized when we realize that 80 per cent of the cases admitted to all sanatoria are in an advanced stage.

The medical division of this industrial plant has, as most medical departments, made extensive plans and provisions for the protection of the worker. The tremendous demands made upon any medical department may tend toward laxity if one allows the volume of work to overwhelm him. When we began to function there was no doubt in our minds but that each employee would obtain a routine chest plate on pre-employment examination. There were months when 300 to 400 applicants were examined each day and the load became almost prohibitive.

Discovered Cases

In cases where limited time and facilities prevented our completing our daily X-ray requirements we found it necessary to postpone a portion of the applicants to a later date. At the present time we are still concerned with pre-employment routine. All persons entering this medical division, whether of an industrial or non-industrial nature, are carefully examined. At any suggestion of a possible lung infection they are referred to the X-ray division.

We have discovered a number of cases of active tuberculosis in this manner and believe that we are responsible in aiding and holding the infection to its primary stage.

The possibility of a tuberculous infection is brought to the industrial physician's attention many times during the day. This is particularly true in shell-loading plants. The use of various compounds essential to the loading of a shell is particularly irritating to the mucous membranes of the respiratory tract.

The development of a non-specific tracheitis and bronchitis is common. Frequent complaints of epistaxis and hemoptysis are heard. In searching for the cause one may frequently see minute ulcerations which usually occur on the nasal mucous membrane. A history of hemoptysis merits further investigation. These employees always receive a check X-ray.

Efficiency Reduced

We see then that diet, living conditions, changing work periods, plus the possibility of irritating dusts, may increase the incidence of tuberculosis. At the same time the increase in population reduces the efficiency of public health services and local tuberculosis associations. We have established a plan of cooperation between the local tuberculosis association and our medical division.

At frequent intervals they submit names of contacts whom they believe to be employed in our plant. We, in turn, call these suspected

THE AUTHORS

DR. L. J. WITKOWSKI, director of the Medical Division of the Kingsbury Ordnance Plant, La Porte, Ind., was graduated from Northwestern University Medical School in 1938 and completed his residency in surgery at St. Luke's Hospital, Chicago, in 1941.

DR. CARLTON N. FISCHER, was graduated from Rush Medical College, University of Chicago, and interned at St. Luke's Hospital. He went to La Porte with Dr. Witkowski and directed the building of the Medical Unit and Industrial Hospital.

employees in for a check X-ray and report our findings to the local association. In this manner contacts are brought to our attention at regular intervals and we in turn, because of our facilities, enable the local association, with its limited budget, to function more thoroughly.

We believe that this plan of procedure should be carried on in all industrial locations, not only for the present, but in the uncertain future. The same population that today is more susceptible to a tuberculous infection will, after the war, probably suffer the greatest economic instability. The opportunity for an increase in the incidence of tuberculosis at that time will be great.

The integration between industrial war plants, public health organizations and local tuberculosis chapters will benefit everyone concerned and will allow proper steps toward the dangers of any post-war period.

War Challenges

• • • • *Continued from page 132*

workers and their families. The value of the procedure has been demonstrated at the University Hospital, Ann Arbor, Mich., where about 10 per cent of patients admitted showed chest pathology.

Another worth-while activity would be examination by small-film technique of inmates and employes of hospitals for the mentally ill and other domiciliary institutions, among whom the incidence of tuberculosis is known to be unusually high. Such institutions constitute an important reservoir of infection because about 10 per cent of inmates are usually on visit to their homes, where they can spread the disease.

Obviously, the redoubling of effort necessary to keep tuberculosis in check during this national crisis will require the fullest degree of cooperation between all official and voluntary agencies concerned with the problem. Each type of agency must recognize the particular responsibilities and limitations of the other.

Since it is a wartime program, the methods and purposes of which must be coordinated with other aspects of the total war effort, the responsibility of the government for over-all planning and coordination must be recognized.

On the other hand, the voluntary agency must assist in promoting and carrying out a balanced program, especially at the community level which is the front line of action. The most important contribution of the voluntary agency is public health education, for which official agencies seldom have funds. If people are made to understand that tuberculosis is a serious menace to themselves as individuals, to the community welfare, and to the security of the nation, they will do something about it.

Another field in which the private agency can be of inestimable help is the organization of rehabilitation programs to insure the future stability and safety of the patient whose disease has been arrested. Insufficient emphasis on this aspect of a balanced program results in serious loss of dividends from our tremendous investment in sanatorium care.

The forces arrayed against tuberculosis in this country now face their supreme test. The experience gained in 25 years of constant victory must now be utilized for a smashing blow against an enemy who suddenly has been greatly reinforced. This experience is sufficient to guarantee victory, but increased tempo of the battle makes the deployment of new forces imperative and the urgency of the situation calls for new tactics.

If our tuberculosis forces fail to hold their ground now it will be because they do not translate their experience and knowledge into achievement. If they stand firm, permitting no depredation of our manpower, they will make a great contribution to winning the war.

Women Go to Work in War Industry and Have X-ray Examination

War worker (above) is having X-ray plate made of chest as part of preemployment health examination in Middle West ordnance plant.

MISS. VALLEY CONFERENCE IN CHICAGO, SEPT. 16-18

The Mississippi Valley Conference on Tuberculosis and the Mississippi Valley Trudeau Society will meet in Chicago, Sept. 16-18, at the Edgewater Beach Hotel.

The opening session of the Conference, Wednesday afternoon, Sept. 16, will be devoted to child health, and the evening session to Seal Sale.

Joint sessions will be held on Thursday by the two organizations. At the morning session, industrial case-finding and the tuberculin test will be the centers of discussion; and at the afternoon session tuberculosis control during wartimes will be discussed, as well as county accreditation and reinfection in younger children.

The Trudeau Society will hold its own sessions on Friday. Conference members, on Friday, will discuss rehabilitation, follow-up of Selective Service rejectees, health education and other current problems facing a tuberculosis association during war.

●

SOUTHERN CONFERENCE IN MEMPHIS, OCT. 5-7

The Southern Conference on Tuberculosis will meet in Memphis, Tenn., Oct. 5-7, with headquarters at the Peabody Hotel. Tuberculosis control during wartimes will be the key-note for both medical and non-medical sessions of the conference.

Highlights of the opening non-medical Monday sessions will be a discussion of Seal Sale during wartimes and a special panel discussion of wartime publicity in which representatives of a radio station, a newspaper and an advertising agency will take part.

Symposia on volunteer workers and on administrative procedure will be held at the Tuesday morning non-medical session. Joint medical and non-medical sessions will occupy the remainder of the program with constant emphasis on aspects of tuberculosis war work.

Delaware . . . . . *. . . Selectees X-rayed*

A year before Pearl Harbor the Delaware plan for the X-raying of selectees received the official commendation of Brig. Gen. Lewis B. Hershey, deputy director, U. S. Selective Service System. Led by Lt. Col. Victor D. Washburn, M.C., state medical officer, official and non-official health organizations, medical societies and individuals pooled their manpower and resources and made possible the X-raying of approximately 2,000 selectees at a cost of about $1.00 each.

The cost was defrayed by the government. The Delaware Anti-Tuberculosis Society assumed the responsibility of the transportation to and from clinics. The per cent rejected from military service due to some chest condition was 1.4 per cent.

The society in 1940 installed a fluoroscope in the Dover Health Center and will install its second unit in the Sussex County Health Center this month. Although used in connection with the regular chest clinics, defense industries in these areas will be encouraged to send their employees for fluoroscopic examinations.

Stepping up its case-finding program to meet civilian needs, the society has purchased a third unit during the past few weeks. It is planned to use this at the University of Delaware and the State Colored College. In cooperation with the State Board of Health, this unit will then be loaned, with operating personnel, to smaller defense industries for mass diagnosis.

In the Wilmington area many of the home nursing and nurses' aid classes have added another class period for a lecture on tuberculosis, a showing of "Sand in the Gears," and a question period.

The society has cooperated in holding institutes and special health meetings with the Delaware State Nurses Association, the Delaware Health Council, the State Nutrition Committee and the Industrial Nurses Association. *G. Taggart Evans, Executive Secretary, Delaware Anti-Tuberculosis Society, 1308 Delaware Avenue, Wilmington, Del.*

Idaho . . . . . *. . . Contact with Selective Service*

The problem of a follow-up on men rejected for service in the armed forces because of chest disabilities continues to be incompletely solved. However, interest aroused through our state and local associations in this highly significant opportunity for the detection and care of early cases of tuberculosis is rapidly increasing.

The following excerpts from a letter just received are illustrative of the opportunities which can be embraced by state and local secretaries to make more effective this potential public health service in the field of tuberculosis control:

". . . On my return to the office (from the annual meeting of the NTA) I reported to our medical consultant on the cooperation which exists in many states between the tuberculosis associations and the selective service headquarters. I gave him the information which Dr. Hilleboe and others passed on to us, that selectees rejected because of tuberculosis were reportable to the State Department of Health. On inquiry he found that this had not been done in our state. I had a little talk with the director of our State Selective Service headquarters and our medical consultant visited the examining physician for the state, with the result that yesterday they brought to our office a large number of chest X-rays of men who have been turned down because of suspected or active tuberculosis. These films bear names and addresses.

". . . We will arrange this list by counties and make the films available to local authorities for follow-up. I will see that you get a summary of the complete findings as soon as it is available. I feel that this is a real accomplishment. . . ."

Teaching Nurses

Dauphin County, Pa., has wide cooperation in conducting successful courses

By MRS. HENRY W. TAYLOR*

Back in the Spring of 1938 a 9-hour course for teaching tuberculosis to nurses was undertaken in Dauphin County (Pa.). This course was started by the Dauphin County tuberculosis association with the sanction of the county medical society, state nurses association and the two local hospitals.

It was planned with the help of Dr. H. W. Hetherington and Miss Fannie Eshleman, R.N., of the Henry Phipps Institute staff in Philadelphia.

Both Dr. Hetherington and Miss Eshleman gave generously of their time, coming to Harrisburg to conduct these classes. Dr. Hetherington gave three hours of teaching and Miss Eshleman six hours.

Attendance Required

The classes, which were held in the Academy of Medicine, were open to all graduate nurses, public health nurses and those doing private and hospital duty as well. Attendance was required of all student nurses in the senior classes of the two hospital training schools.

These classes, conducted for three successive weeks, met with such enthusiastic support from the hospitals that they were continued a second year.

Following the conclusion of the classes the second year, a request was received from the instructress of nurses of both the Harrisburg and Polyclinic hospitals for the tuberculosis society to plan and carry on the 15 hours of teaching of tuberculosis as required by the Nursing School Curriculum Guide.

Tuberculosis Literature

Following this request Miss Gensemer, a registered nurse on the tuberculosis society staff, spent about a week at Phipps Institute, working with Miss Eshleman on an outline for teaching the nursing technique as well as the public health aspects of tuberculosis nursing. She also attended clinics, case conferences and classes.

In the Spring of 1939 the regular course was started with seven classes of one hour each in medicine taught by Dr. Ross K. Childerhose, of Harrisburg, and eight classes of one hour each in nursing by Miss Gensemer. This professional teaching has been continued for all first year student nurses in training at the two hospitals since that time.

All students are provided with copies of *Handbook of Tuberculosis for Public Health Nurses*, by Violet Hodgson, as well as other tuberculosis literature. Motion pictures are used as teaching aids.

Clinic Work

Nursing in Prevention and Control of Tuberculosis, by Hetherington and Eshleman, is now used as the basis for teaching. Copies of this book as well as others recommended by Miss Eshleman have been placed in the nurses' libraries by the hospitals.

A copy of this book was given to all first year nurses at the Harrisburg Hospital this year by the Hospital Training School.

Student nurses at the Harrisburg Hospital are assigned to the pneumothorax clinic sometime during training. During their first year they attend the clinic for observation. The latter opportunity is extended to the student nurses from the Polyclinic Hospital.

Nursing experience with tuberculous patients is provided for student nurses in the Harrisburg Hospital where two wards of three beds each are maintained for tuberculous patients.

Student nurses are also given opportunity to do follow-up work and clinic work with the staff of the tuberculosis society.

At the Harrisburg State Mental Hospital, a course on tuberculosis is given to all attendants by Dr. Childerhose and Miss Gensemer.

* Executive Secretary, Harrisburg & Dauphin County Tuberculosis & Health Society, 810 Municipal Bldg., Walnut Street, Harrisburg, Pa.

$500 Equipment

Small New Jersey county surveys industrial workers, Negroes, food-handlers

By S. ANNA RUDOVICK*

Many small tuberculosis associations are under the impression that it takes thousands of dollars to start a community X-raying program. We in Somerset County, N. J., have proved that this is not the case.

Our county has a population of approximately 80,000. We have a gross Seal Sale of slightly over $9,000. Yet, with $500 of this Seal Sale money, we purchased X-ray equipment and are making a definite contribution to home defense by giving civilians an opportunity to safeguard their health. Our X-ray service not only assists the private practitioner to make a differential diagnosis on his patients with pulmonary pathology and help him uncover early tuberculosis, but also enables any group, regardless of its size or make-up, to be surveyed for tuberculosis upon request. What is more, the X-ray machine has been offered to defense authorities for use in emergency work in case of a disaster.

Limit is $1.50

The charge for our 14 x 17 celluloid X-ray never goes higher than $1.50. Many special surveys have been made with no cost to the individuals participating. Last year, relief recipients and Negroes were surveyed at the expense of the association.

At present a similar free demonstration is being conducted among the food-handlers.

Recently the program committee voted to extend our service into industry, including defense industry, for a 75 cent-rate, management or labor supplying the other 75 cents.

In order to get this reduction,

* Executive Secretary, Somerset County Tuberculosis & Health Association, 92 W. Main Street, Somerville, N. J.

industry must agree to the following points:

That the X-ray service be at the joint request of management and labor, that the reports of the survey be kept strictly confidential, that abnormal findings be referred to a physician of the patient's choice, and that normal findings be reported to the patient directly.

Portable Machine

One advantage of our small set-up is that surveys can be carried on when and where it is convenient for the group involved. Our machine is portable, can be rolled up in a few minutes, put in the trunk of any modern car and set up, ready for work in a very small space.

How did we do it?

First of all, it was necessary for the members of our association to develop a determination to do something definite to stamp out tuberculosis. After that the sanction of the medical society of our plans was obtained. This was not difficult because some of our medical board members are imbued with a desire to see our program move forward.

After the equipment was purchased, some of the staff members learned to operate it. The state sanatorium at Glen Gardner and the county's chest clinician were generous in giving the necessary instruction. The association's staff does the clerical work, takes the X-rays and mans the machine. Developing and interpretation are handled privately for as low as 45 cents.

And last, but not least, the cornerstone of the whole undertaking is a competent roentgenologist who knows what it is all about to direct the work.

●

The tuberculosis death rate among unskilled workers is seven times higher than that among professional workers.

●

Tuberculosis is responsible each year for the death of more than 2500 children under 15 years of age in the United States.

Mobile Unit

Shelby County Ass'n participates in joint project with health departments

A new Mobile Unit went into operation in Shelby County, Tenn., last May—the result of extensive cooperation among the Shelby County Tuberculosis Society and the city and county health departments.

The divisions of tuberculosis control of the city and county health departments provided the unit, and the tuberculosis society furnished the X-ray equipment and the nurse. The unit also carries equipment for giving pneumothorax refills.

According to Mrs. Edwina Harrell, executive secretary of the society, the original order for the X-ray unit was changed when the General Electric Company began to construct stereoscopic photo-roentgen units.

"As soon as we knew it was available we ordered the equipment necessary to have changes made on the original photo-roentgen unit so that it would be the last word in diagnostic accuracy," said Mrs. Harrell.

"The entire cost of the X-ray equipment came to a few dollars under $7000. The machine will also make the regular 14 x 17 pictures," she added.

"The unit is under the direction of the division of tuberculosis control. Besides the tuberculosis specialist in charge, the staff consists of a nurse, a technician, who also drives the unit, and a clerk.

"It is in service only three days a week. However, this arrangement is only temporary. It is parked at stationary health centers—one day of the three being entirely for Negroes.

"Because special transformers have to be installed (which are very expensive and materials on the priorities list), it doesn't yet, but will eventually, make stops in various communities in the county so that it will be within about five miles of all who wish to avail themselves of its facilities. When it begins operating on this schedule Negroes and whites will no doubt be taken the same days in the county outside the city.

"No plans have yet been made for the inclusion of schools or industrial plants and I feel reasonably sure will not be until we see how heavy the load will be on the set-up now in view. We believe that the use of this unit will demonstrate the need of another."

●

DR. LONG HEADS TB DIVISION, U. S. ARMY

Dr. Esmond R. Long, director, Henry Phipps Institute, Philadelphia, has been commissioned Lieutenant Colonel, Medical Corps, U. S. Army, in charge of the Tuberculosis Division. He was asked to accept the commission by Surgeon General James C. Magee. His headquarters will be in the Surgeon General's office.

The same office was filled by the late Col. George E. Bushnell during World War I.

Dr. Long was president of the National Tuberculosis Association, 1936-37, and for many years has been a member of the Association's Committee on Medical Research. He has been a member of various Federal commissions, working through the National Research Council, the U. S. Public Health Service and other agencies.

He has been granted a leave of absence from Henry Phipps Institute and retains the title of director. During his absence, Dr. Eugene L. Opie, formerly director of the laboratories of the institute, now working at the Rockefeller Institute and the Cornell Medical School, will visit the institute once a week to supervise the research work.

●

Dale Nichols, famous for his red barn paintings, is the artist of this year's Christmas Seal.

INSTITUTE IN ATLANTA FOR NEGRO WORKERS

An institute for the training of Negro tuberculosis and health workers will be held in Atlanta, Ga., Oct. 12-17. It will be conducted by the National Tuberculosis Association in cooperation with the Atlanta University School of Social Work.

Dr. C. St.C. Guild, director, Negro Program, and F. D. Hopkins, executive secretary, NTA, will preside at the institute, assisted by the following members of the NTA staff:

Mary V. Dempsey, statistician; Leola Franklin, R.N., field worker, Negro Program, and William A. Doppler, director, Industrial Health.

On the program there will also be Mrs. Ashley Halsey, executive secretary, Charleston (S. C.) County Tuberculosis Association; Dr. Paul P. McCain, superintendent, North Carolina Sanatorium, Sanatorium, N. C.; Dr. H. C. Schenck, director, Division of Tuberculosis Control, State Department of Public Health, Atlanta, Ga.; and Murray A. Auerbach, executive secretary, Indiana Tuberculosis Association.

Special sessions have been planned for discussion of Seal Sale and civilian defense.

Applications may be obtained from state tuberculosis associations or from the National Tuberculosis Association. All applications must be filed with Dr. Guild not later than Sept. 28. The registration fee is $5 and enrollment is limited.

●

CHANGED

The Potts Memorial Hospital, Livingston, N. Y., has been changed to The Potts Memorial Institute, Inc. It has long been known that the word "hospital" does not correctly connote the services of the institution in rehabilitating convalescent tuberculosis cases.

TB and Heart

• • • • *Continued from page 134*

tion of rheumatic disease is of paramount importance, and the problems of management are not dissimilar.

Early and continuous care and supervision of rheumatically infected children can do much to protect and minimize heart damage. Because of the subacute or chronic nature of the infection, long periods of quiet rest in bed should be enforced until all evidence of activity has subsided. This may mean many months.

Again, bed rest should be imposed following any evidence of a recrudescence, or following any respiratory infection such as colds and sore throats. Good nursing and a good nutritious diet are requisites. The bed rest period should be protected from all undue excitement. There should be no visitors with respiratory infections.

Hospitalization is best during the acute phase where constant medical supervision is available. Since many homes are poorly equipped, both physically and psychologically, to deal properly with the prolonged convalescent period, there is great need for more adequately equipped, adequately standardized and properly supervised convalescent homes.

Whether the convalescent period is passed in an institution or at home, there is need for intensive training of both child and parents in the proper psychologic approach to the more acute phases of the illness, as well as to subsequent degrees of disability. As soon as his condition warrants, the patient's education in mental and manual skills should proceed, though he still may be in bed, so that he may become independent in proportion to his physical strength.

Similar Techniques

When he returns to school or work his physical activities and work load should be regulated to avoid strain. He should continue to have good food and adequate sleep. Medical supervision should be continued. Restrictions should not be more severe, however, than his heart requires, because every attempt should be made to avoid the appearance of abnormality and a wholesome attitude toward himself and toward life in general must be encouraged.

In making the diagnosis of either heart disease or tuberculosis, physicians use similar techniques with only minor variations. Gross and especially sudden changes in the lungs seriously impede the action of the heart, while, on the other hand, the failing heart causes pulmonary congestion, perhaps pleural effusion and serious interference with the functions of respiration.

Similar Symptoms

When first seen, the patient may present symptoms that by themselves would make the differentiation between pulmonary tuberculosis and heart disease difficult. With either disease he may complain of weakness, fatigue, cough, shortness of breath on effort, palpitation, digestive difficulties and change in weight.

In the presence of heart disease the above symptoms are characteristic of congestive failure. Their relationship to tuberculosis is obvious. The heart patient may also at times raise a bloody sputum and may have fever.

Physical examination to determine the exact cause of trouble demands a complete examination of the chest as a whole. The tuberculosis specialist must determine the size, shape, sounds and action of the heart, while, on the other hand, the cardiologist, using essentially the same methods and also being capable of interpreting all the signs presented, must examine the lungs in detail.

X-ray examination of the whole chest is an equally useful and important adjunct in the physical survey. The fluoroscopic examination is conducted by the same tech-

nique in the search for either disease.

The cardiologist may ask for films made at a distance of six feet in order to measure more accurately the heart's size rather than at the ordinary distance routinely used in examining the lungs, but, in either case, abnormalities of the heart or lungs will be recorded.

One naturally wonders what disposition has been made of individuals with heart abnormalities discovered by the above examinations in tuberculosis surveys, and vice versa.

Public Needs Information

The general practitioner who needs symposia and clinics to keep him up to date, nurses, social and lay workers, and especially the public, require similar educational techniques for both heart disease and tuberculosis.

The general public is well informed about tuberculosis, but people have just begun to demand more information about heart disease, and what they can do to protect their families and themselves. They have been afraid of heart disease as they were afraid of tuberculosis. Now they realize that control of tuberculosis is possible and are ready and willing to be taught that the effects of heart disease can be greatly minimized, as well as that there are definite possibilities for actual prevention.

Pool Resources

In several localities joint efforts of tuberculosis and heart associations have been undertaken and are proving successful. Now is a particularly opportune time to consider seriously whether more extensive pooling of our skills, our resources and our personnel is not in order.

Perhaps we could compensate in large part for the loss of physicians, nurses and other workers diverted to war tasks, with resultant economy and the preservation of program and effectiveness.

Danger of Rise

• • • • *Continued from page 130*

wise numerous between 35 and 45. Men, on the other hand, are most liable to die of tuberculosis at somewhat older ages.

In spite of the increasing shortage of physicians and nurses, health authorities throughout the country are making every possible effort to maintain health standards at the level of peace times. In keeping with this effort is the recommendation to war industries published recently in newspapers.

Eight government agencies are proposing the limitation of hours of work in war plants to 48 hours a week. One important result of this recommendation, if followed, will be to help offset increases in illness and death throughout what may prove to be a long war.—MD.

●

ARMY ISSUES SPECIAL HEALTH PRECAUTIONS

To protect the health of our soldiers sent to regions of the world where health, sanitary and climatic conditions differ materially from those in the United States, a series of studies covering four general world areas has been prepared by the Division of Medical Intelligence, Preventive Medicine Service, Office of the Surgeon General, the War Department announced recently. These instructions are being issued to military attaches and members of military missions, as well as to the medical officers of overseas forces.

Special health precautions are being issued for the African and Asiatic countries along the Southern and Eastern Mediterranean Sea, the Red Sea, and the Persian Gulf; the Far East (Southern Asia, Eastern Asia, and the Netherlands East Indies area); Central and South Africa and the West Coast of Africa; and Central and South America and the Caribbean area.

INDUSTRIAL HEALTH

Industrial Posters—Establishing and maintaining a monthly bulletin board poster service for industry is a worth-while project for any tuberculosis association or Christmas Seal Committee.

Set No. 3 of the NTA industrial poster service was released in July. The subjects are:

3a—Keep Fit—Use the health services of your community.

3b—Danger Ahead — At the first sign of illness check with your doctor.

3c—Be Your Age When You

KEEP
FIT
Use the health services of your community
Christmas Seals fight TUBERCULOSIS
THIS POSTER SERVICE IN THE INTEREST OF PUBLIC HEALTH IS PROVIDED BY YOUR TUBERCULOSIS ASSOCIATION

INSTITUTE IN ATLANTA FOR NEGRO WORKERS

An institute for the training of Negro tuberculosis and health workers will be held in Atlanta, Ga., Oct. 12-17. It will be conducted by the National Tuberculosis Association in cooperation with the Atlanta University School of Social Work.

Dr. C. St.C. Guild, director, Negro Program, and F. D. Hopkins, executive secretary, NTA, will preside at the institute, assisted by the following members of the NTA staff:

Mary V. Dempsey, statistician; Leola Franklin, R.N., field worker, Negro Program, and William A. Doppler, director, Industrial Health.

On the program there will also be Mrs. Ashley Halsey, executive secretary, Charleston (S. C.) County Tuberculosis Association; Dr. Paul P. McCain, superintendent, North Carolina Sanatorium, Sanatorium, N. C.; Dr. H. C. Schenck, director, Division of Tuberculosis Control, State Department of Public Health, Atlanta, Ga.; and Murray A. Auerbach, executive secretary, Indiana Tuberculosis Association.

Special sessions have been planned for discussion of Seal Sale and civilian defense.

Applications may be obtained from state tuberculosis associations or from the National Tuberculosis Association. All applications must be filed with Dr. Guild not later than Sept. 28. The registration fee is $5 and enrollment is limited.

●

CHANGED

The Potts Memorial Hospital, Livingston, N. Y., has been changed to The Potts Memorial Institute, Inc. It has long been known that the word "hospital" does not correctly connote the services of the institution in rehabilitating convalescent tuberculosis cases.

TB and Heart

• • • • *Continued from page 134*

tion of rheumatic disease is of paramount importance, and the problems of management are not dissimilar.

Early and continuous care and supervision of rheumatically infected children can do much to protect and minimize heart damage. Because of the subacute or chronic nature of the infection, long periods of quiet rest in bed should be enforced until all evidence of activity has subsided. This may mean many months.

Again, bed rest should be imposed following any evidence of a recrudescence, or following any respiratory infection such as colds and sore throats. Good nursing and a good nutritious diet are requisites. The bed rest period should be protected from all undue excitement. There should be no visitors with respiratory infections.

Hospitalization is best during the acute phase where constant medical supervision is available. Since many homes are poorly equipped, both physically and psychologically, to deal properly with the prolonged convalescent period, there is great need for more adequately equipped, adequately standardized and properly supervised convalescent homes.

Whether the convalescent period is passed in an institution or at home, there is need for intensive training of both child and parents in the proper psychologic approach to the more acute phases of the illness, as well as to subsequent degrees of disability. As soon as his condition warrants, the patient's education in mental and manual skills should proceed, though he still may be in bed, so that he may become independent in proportion to his physical strength.

Similar Techniques

When he returns to school or work his physical activities and work load should be regulated to avoid strain. He should continue to have good food and adequate sleep. Medical supervision should be continued. Restrictions should not be more severe, however, than his heart requires, because every attempt should be made to avoid the appearance of abnormality and a wholesome attitude toward himself and toward life in general must be encouraged.

In making the diagnosis of either heart disease or tuberculosis, physicians use similar techniques with only minor variations. Gross and especially sudden changes in the lungs seriously impede the action of the heart, while, on the other hand, the failing heart causes pulmonary congestion, perhaps pleural effusion and serious interference with the functions of respiration.

Similar Symptoms

When first seen, the patient may present symptoms that by themselves would make the differentiation between pulmonary tuberculosis and heart disease difficult. With either disease he may complain of weakness, fatigue, cough, shortness of breath on effort, palpitation, digestive difficulties and change in weight.

In the presence of heart disease the above symptoms are characteristic of congestive failure. Their relationship to tuberculosis is obvious. The heart patient may also at times raise a bloody sputum and may have fever.

Physical examination to determine the exact cause of trouble demands a complete examination of the chest as a whole. The tuberculosis specialist must determine the size, shape, sounds and action of the heart, while, on the other hand, the cardiologist, using essentially the same methods and also being capable of interpreting all the signs presented, must examine the lungs in detail.

X-ray examination of the whole chest is an equally useful and important adjunct in the physical survey. The fluoroscopic examination is conducted by the same tech-

nique in the search for either disease.

The cardiologist may ask for films made at a distance of six feet in order to measure more accurately the heart's size rather than at the ordinary distance routinely used in examining the lungs, but, in either case, abnormalities of the heart or lungs will be recorded.

One naturally wonders what disposition has been made of individuals with heart abnormalities discovered by the above examinations in tuberculosis surveys, and vice versa.

Public Needs Information

The general practitioner who needs symposia and clinics to keep him up to date, nurses, social and lay workers, and especially the public, require similar educational techniques for both heart disease and tuberculosis.

The general public is well informed about tuberculosis, but people have just begun to demand more information about heart disease, and what they can do to protect their families and themselves. They have been afraid of heart disease as they were afraid of tuberculosis. Now they realize that control of tuberculosis is possible and are ready and willing to be taught that the effects of heart disease can be greatly minimized, as well as that there are definite possibilities for actual prevention.

Pool Resources

In several localities joint efforts of tuberculosis and heart associations have been undertaken and are proving successful. Now is a particularly opportune time to consider seriously whether more extensive pooling of our skills, our resources and our personnel is not in order.

Perhaps we could compensate in large part for the loss of physicians, nurses and other workers diverted to war tasks, with resultant economy and the preservation of program and effectiveness.

Danger of Rise

• • • • *Continued from page 130*

wise numerous between 35 and 45. Men, on the other hand, are most liable to die of tuberculosis at somewhat older ages.

In spite of the increasing shortage of physicians and nurses, health authorities throughout the country are making every possible effort to maintain health standards at the level of peace times. In keeping with this effort is the recommendation to war industries published recently in newspapers.

Eight government agencies are proposing the limitation of hours of work in war plants to 48 hours a week. One important result of this recommendation, if followed, will be to help offset increases in illness and death throughout what may prove to be a long war.—MD.

●

ARMY ISSUES SPECIAL HEALTH PRECAUTIONS

To protect the health of our soldiers sent to regions of the world where health, sanitary and climatic conditions differ materially from those in the United States, a series of studies covering four general world areas has been prepared by the Division of Medical Intelligence, Preventive Medicine Service, Office of the Surgeon General, the War Department announced recently. These instructions are being issued to military attaches and members of military missions, as well as to the medical officers of overseas forces.

Special health precautions are being issued for the African and Asiatic countries along the Southern and Eastern Mediterranean Sea, the Red Sea, and the Persian Gulf; the Far East (Southern Asia, Eastern Asia, and the Netherlands East Indies area); Central and South Africa and the West Coast of Africa; and Central and South America and the Caribbean area.

INDUSTRIAL HEALTH

Industrial Posters—Establishing and maintaining a monthly bulletin board poster service for industry is a worth-while project for any tuberculosis association or Christmas Seal Committee.

Set No. 3 of the NTA industrial poster service was released in July. The subjects are:

3a—Keep Fit—Use the health services of your community.

3b—Danger Ahead — At the first sign of illness check with your doctor.

3c—Be Your Age When You

KEEP
FIT
Use the health services of your community
Christmas Seals fight TUBERCULOSIS
THIS POSTER SERVICE IN THE INTEREST OF PUBLIC HEALTH IS PROVIDED BY YOUR TUBERCULOSIS ASSOCIATION

Play—Unsuitable exercise shortens your life.

3d—C'mon In! The Water's Fine! Keep Clean.

These posters are 8½ x 11 and are printed in two colors.

Bulletin board posters play an important part in workers' education.

CHRISTMAS SEAL

Outstanding Talent Helps—Once again men and women outstanding in the newspaper, literary and entertainment fields are contributing their services to publicizing the Christmas Seal Campaign.

Preparations for this year's campaign began last Winter. An indication of the way in which these prominent people approve the activities of the tuberculosis associations was their enthusiasm in offering their services—this, in spite of an unusually large number of demands that are being made upon them for assisting in the sale of War Bonds and Stamps, in USO activities, foreign relief campaigns, and other programs definitely tied up with the war effort.

A motion picture trailer, the length of which is one and one-half minutes, features Jean Dickenson, youthful Metropolitan opera star and singer on the Bayer Aspirin Sunday evening radio show. Miss Dickenson gave three hours of her time one evening in June to sing with the famous Paulist Choir in the making of the trailer.

Kay Kyser and his orchestra contributed three musical selections in a 15-minute radio transcription. Included in the music is a medley of Christmas carols. Mr. Kyser also participates in a five-minute skit which furnishes the selling message for Christmas Seals.

John Nesbitt, Metro - Goldwyn-Mayer and radio commentator, is making a 15-minute transcription.

A third transcription will consist of a series of one-minute spot announcements by such outstanding radio personalities as Fibber McGee and Molly, Amos 'n Andy, Bob Hope, Ezra Stone (Henry Aldrich), Jay Jostyn (Mr. District Attorney), Ted Husing, John Kieran and others.

Display advertisements, offered to magazines of nationwide circulation, were prepared by the nationally-known advertising firm of Young & Rubicam. The ads have three appeals. The first shows that the up-to-the-minute man is one who buys War Bonds and Christmas Seals. The second emphasizes "Prevent a Wartime Rise in Tuberculosis." The third shows how the purchase of Christmas Seals may mean the saving of lives.

Two outstanding cartoonists have material in the Publicity Kit. Charles Werner of *The Chicago Sun*, who in 1939 won the Pulitzer Prize, has made three effective cartoons. Willard Mullin, sports cartoonist for *The New York World Telegram*, *Liberty* Magazine and other publications, has made an unusually interesting set of Daily Reminders.

Special articles, written for the Kit are from Kathleen Norris, Paul de Kruif, Jane Stafford of Science Service, and Harry Sylvester of *Collier's* Magazine.

Posters, window displays, pay envelope enclosures, package inserts and book-marks are available to help the public visualize the part that they are playing in the fight against tuberculosis. The bookmark is an educational item which will be used wide-spread by many state and local associations.

While a great deal of effort will continue on the mail sale, much of the publicity, particularly radio transcriptions and some of the newspaper stories, will emphasize that the worker in war industries—the man who can purchase a dollar or two worth of Christmas Seals—is the type of person who will, if asked, support the campaign of the local tuberculosis association this year.

BOOKS

Solving School Health Problems, by Dorothy B. Nyswander, Ph.D., with a Foreword by Philip Van Ingen, M.D.

Published by The Commonwealth Fund, New York, 1942; 377 pages with Index. Price, if purchased through THE BULLETIN, $2.00

For many years we have been aware that school health practices were far from satisfactory. For the most part, team work among physician, nurse, teacher, school administrator and parent for the better health of the school child has been conspicuously lacking. Therefore, Dr. Nyswander's account of the four year experimental study of school health problems in the Astoria Health District, New York City, is of prime importance to everyone concerned with the health of school children.

The study started out by making analyses of the various child health problems found in the average classroom. Then came a period of experimentation in solving these problems through improved procedures and practices in school medical and nursing work. Conferences, demonstrations, and study of specific health services were among the methods used to discover better ways of doing routine tasks and to understand the educational principles involved in better performance.

In its later phases the field laboratory of the study became the teaching center of the N. Y. City health department for school health work. Supervising physicians and nurses from all parts of the city observed the work of the staff over a period of time and participated in widening the base of practical applications to cover special problems in their own districts.

The greatly simplified medical record card and the pupil's health card are concrete contributions that the Astoria health study has made to the school health program. The first provides space for comments by the physician and nurse; the

second is an instrument of coordination, since it records the observations of physician, nurse and teacher, and provides basic health data for understanding the health problems of each child. Both cards are designed for continuous use during the school life of the child and are transferred with the child from class to class and from one school to another.

Solving School Health Problems has the answer to many of our pressing questions and it gives us the key to find the answers to a number of others. The book is well written and is beautifully printed. It should be studied thoughtfully by every school health worker.—LS.

●

Diseases and Injuries of the Larynx, by Chevalier Jackson, M.D. and Chevalier L. Jackson, M.D.

Published by The Macmillan Company, New York, 2nd edition. Price, if purchased through THE BULLETIN, $8.00

This textbook for students and practitioners contains 633 pages, 200 illustrations including 11 plates in color. The authors need no introduction. Their successful methods in both the operative and nonoperative treatment of the larynx are recorded in this well-bound, attractively-printed volume. The addition of a special chapter on war surgery of the larynx adds to its timeliness.

In the authors' own words, "This book is the result of an effort to supply to students and to general, as well as special, practitioners promptly available information on what to do and how to do it when they are confronted with a case of laryngeal disease or injury. Everything herein is based upon clinical facts. The schematic pen and brush drawings are for the purpose of clearly presenting such facts, not for elucidation of theoretic considerations. Free use has been made of the previous work of the authors, now out of print."

The reviewer feels that the objectives of the authors have been admirably met.—KE.

BRIEFS

Financial Aid—According to the *News-Letter* of the Commonwealth Fund, Dr. Max B. Lurie, Henry Phipps Institute, Philadelphia, will receive a grant from the Commonwealth Fund for the study of the transmission of tuberculosis by air and its possible prevention by ultraviolet light, the experimental animal being the rabbit.

The Commonwealth Fund also is providing, on an experimental basis, 15 fellowships for graduate study of public health or medicine by suitably qualified candidates from the Latin-American countries. These fellowships are for one year and appointments will be made on the recommendation of the Pan American Sanitary Bureau.

Physicians, public health nurses, sanitary officers, and technicians will all be eligible to appointment, preference being given naturally to candidates who are likely to have opportunities for responsible service in their own countries after.

●

Industrial Hygiene—The following analysis of industrial hygiene activities in state and local health departments appears in *Public Health Reports*, Vol. 57, No. 23, for June 5, 1942, issued by the U. S. Public Health Service:

At present, industrial hygiene activities are being carried on in 36 states, one territory, four cities and two counties. Almost all of the units have been established within the past five years, five since June 1, 1941. Reports covering the activities for the fiscal year July, 1940, to June, 1941, have been received from industrial hygiene units in 24 states and four cities as follows:

State industrial hygiene divisions:

California, Colorado, Connecticut, Idaho, Illinois, Indiana, Michigan, Minnesota, Missouri, Montana, New Hampshire, North Carolina, Rhode Island, South Carolina, Texas, Utah, Virginia, Vermont, Iowa, Kansas, Oklahoma, Pennsylvania, West Virginia, Wisconsin.

Local industrial hygiene divisions:

Los Angeles, Calif., Baltimore, Md., Detroit, Mich., St. Louis, Mo.

The 25 states in which these divisions function are well distributed geographically over the country. They include a labor force of approximately 29,500,000 workers, more than one-half of that for the whole country.

●

Real Responsibility — The private practitioner is taking an important part in the tuberculosis campaign in New York City, Dr. Herbert R. Edwards says in a recent issue of the *Quarterly Bulletin* of the City of New York Department of Health.

"The Department of Health has from its beginning adopted the principle that the private practitioner has a place of real responsibility in the supervision of tuberculous patients, and it has, therefore, constantly endeavored to assist physicians in meeting this responsibility," Dr. Edwards writes.

"As far back as 1892 it was the first public health authority to offer free microscopic sputum examinations. Later it established a sanatorium for early cases and provided an increased number of beds for the hospitalization of advanced cases," he continues.

"Fourteen years ago it organized a free consultation service, including X-ray examinations, available to private physicians treating patients who could not afford to pay for such consultations. It has also placed public health nurses at the disposal of physicians to follow up cases and report on home conditions.

"That these services have been appreciated by the physicians of this city is indicated by the growing proportion of tuberculous patients cared for by private physi-

cians. Thus, in 1925, of 27,157 cases of tuberculosis on register by the Department of Health, 3095, or 11.4 per cent, were under the care of private physicians.

"In 1930, this group numbered 3532 out of 18,296, or 19.3 per cent. In 1935 the proportion had climbed to 21 per cent of 16,521 cases on register, and last year, in 1941, it was 25 per cent of 20,707 cases."

●

Family Nutrition—The Philadelphia Child Health Society has recently issued a monograph entitled *Family Nutrition*, designed for nutrition leaders and others concerned with improving the nation's health through a better understanding of food and health.

Chapter headings are: Nutrition and the Nation's Fitness, The Nutritional Status of Human Beings, How Nutritional Status Is Measured, The Dietary Value of Common Foods, The Relationship of Food Intake and of Appetite to Nutritional Status and Resistance to Disease, and Balanced Diets and Balanced Budgets.

The brochure, illustrated with photographs, charts and tables, is available on request from the Philadelphia Child Health Society, 311 South Juniper St., Philadelphia, Pa.

●

Occupational Factors—The May 1942 issue of *Industrial Health* contains as its leading article a condensation of a paper read by Paul A. Quaintance, M.D., before the annual meeting of the California Trudeau Society, Los Angeles, on, "Trauma and Other Occupational Factors in Tuberculosis." The author states that pre-employment examinations not only would aid in case-finding but also in preventing the spread of tuberculosis due to occupational factors.

The same issue also contains an interesting article on "Industrial Health Program — Organization and Cost" by A. G. Kammer, M.D., medical director of the Inland Steel Company, Indiana Harbor, Ind.

PEOPLE

George Shahan, executive secretary, Oneida County Council on Tuberculosis & Public Health (Utica, N. Y.), is leaving to become assistant to James G. Stone, executive secretary, Los Angeles Tuberculosis & Health Association. Glenn V. Armstrong has gone from Los Angeles to San Francisco to be assistant to Ford Higby in the state office.

Dr. Leland W. Parr, head of the Department of Bacteriology at George Washington University, has been elected to the Board of Directors of the District of Columbia Tuberculosis Association.

Mrs. Helen H. Marshall, executive secretary, Vanderburgh County Tuberculosis Association, Evansville, Ind., died in Evansville of a heart attack on July 18.

Mrs. Aurelia Garnett, R. N., has been appointed director of health education of the Bexar County Tuberculosis Association, San Antonio, Texas.

Theodore J. Werle, executive secretary, Michigan Tuberculosis Association, taught a course on tuberculosis control at the University of Michigan Summer session. He also taught a course at Michigan State College, East Lansing, this Summer, stressing the vocational side of tuberculosis work.

The September Review

The American Review of Tuberculosis for September carries the following articles:

Tuberculosis in College Students, by Charles Everard Lyght.

Treatment of Tuberculosis with a Low Carbohydrate Diet, by Benjamin P. Sandler and Rudolph Berke.

Results of Phrenic Nerve Operations, by Paul L. Owens.

Inhalation of Nebulized Promin in Experimental Tuberculosis, by Alvan L. Barach, Norman Molomut and Max Soroka.

Chemotherapy of Tuberculosis, by Gary Zucker, Max Pinner and Harold Thomas Hyman.

B-Complex Deficiency in Tuberculosis, by W. H. Glass.

Tubercles and Foreign-Body Granulomata, by Walter Pagel.

Experimental Tuberculosis in Hyperglycaemic Albino Rates, by M. Maxim Steinbach and Charles J. Duca.

Congenital Tuberculin Hypersensitiveness and Specific Tuberculo-Allergic Immunity, by H. J. Corper and C. Clark.

Initial Tissue Response to Tubercle Bacilli, by C. E. Woodruff, Ruby G. Kelly and Mary A. Leaming.

Age Characteristics of Tubercles, by Henry C. Sweany.

Brief Notes:

Tuberculosis in a Carcinoma of the Oesophagus, by David T. Carr and David M. Spain.

Effect of Pregnancy upon Tuberculin Reaction, by Raymond W. Conn.

A Portable X-ray Unit for Field Studies in Tuberculosis, by Joseph D. Aronson and Robert M. Saylor.

An Improved Steam Suction Apparatus, by E. S. Mariette.

American Trudeau Society—Report of the Committee on Coexistent Syphilis and Tuberculosis and of the Committee on Cooperation with the American Board of Internal Medicine.